

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	10 / 528 546	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3			2			
4			1			
5			1			
6			1			
7			1			
8			1			
9			1			
10			1			
11			1			
12			1			
13			2			
14			1			
15			1			
16			1			
17			1			
18			1			
19			1			
20			1			
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TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←	22	←	22	←	←
TOTAL CLAIMS		24				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓				↓
TOTAL DEP.	←	22	←	22	←	←
TOTAL CLAIMS		24				